



Fairfax County Department of Housing and Community Development
3700 Pender Drive, Suite 100 • Fairfax, Virginia 22030-7442
Voice (703) 246-5223 • TTY 703-385-3578

For Office Use Only	
OPP _____	DA _____
_____	BR _____ MC _____
_____	GI _____
_____	H/D/E _____ O _____
CT _____	

West Glade Pre-Application

Social Security Number _____
Last Name _____ First Name _____ M.I. _____
Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

..... **Income Information (Before Taxes) for All Persons 18 years and Older**

Gross family income: Wages \$ _____ Income from Social Security \$ _____
☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

Income/Interest from assets \$ _____ AFDC/TANF \$ _____ SSI \$ _____ Child Support/Alimony \$ _____

..... **Ethnic Information**

This information is for statistical purposes only. Please check the group to which you belong.

☐ White ☐ American Indian/Native Alaskan Check one: ☐ Hispanic
☐ Black ☐ Asian/Pacific Islander ☐ Non-Hispanic

..... **Number of Family Members Employed**

1. Employer's Name _____ Employee's Name _____

Address _____

City _____ State _____ Zip _____

2. Employer's Name _____ Employee's Name _____

Address _____

City _____ State _____ Zip _____

Employed by Fairfax County Government? ☐ Yes ☐ No Employed by Fairfax County Public Schools? ☐ Yes ☐ No

..... **Persons to Occupy Unit**

Name	Relationship	Social Security #	Date of Birth	Sex
1. _____	HEAD	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Special Needs: _____

Are you or any member of your household handicapped or disabled? ☐ Yes ☐ No

Have you previously applied to the Fairfax County Moderate Income Rental Program? ☐ Yes ☐ No



Signature _____ Date _____

